## PART B - FEE(S) TRANSMITTAL

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20985 7590 12/13/2006

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/751,322	12/29/2000	Robert R. S		Sullivan, Jr.	10559-197001/P8369	9163
TITLE OF INVENTION:	ANONYMOUS ELECTRO?	NIC TRANSAC	CTIONS			
APPLN, TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$300	\$1700	03/13/2007
EXAMINER		ART UNIT		CLASS-SUBCLASS		
SMITH, SHEILA B.		2617		455-406000		
<ol> <li>Change of correspondence address or indication of 'Fee Address' (37 CFR 1363).</li> <li>I Change of correspondence address (or Change of Correspondence Address form PTO-SB 122) attached.</li> <li>I Fee Address' indication of 'Fee Address' Indication form PTO/SB47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.</li> </ol>			2. For printing on the patent front page, list (1) the names of up to 3 registered patent atterneys or agents OR, alternatively, (2) the name of a single from (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.			
3. ASSIGNEE NAME AND RISDIENCE DATA TO BE PRINTED ON THE PATENT (pint or type) PIEASEX BYTE fulnes an assigne is identified below, no assignee data will appear on the patter. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE.						
Intel Corporation		Sa	ınta Clara, CA			
Please check the appropriate assignee category or categories (will not be printed on the patent): [ ] individual [X] corporation or other private group entity [ ] government						
4a. The following fee(s) are enclosed:  [X] Issue Fee  [X] Publication Fee (No small entity discount permitted)  [] Advance Order - # of Copies			4b. Payment of Fec(s):  [ ] A check in the amount of the fee(s) is enclosed. [ ] Payment by credit card. From PTO-2038 is attached. [ X] The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 26.0000, (enclose an extra copy of this form).			

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(Authorized Signature)	/Scott C Harris/	(Date)March 13, 2007
Typed or Printed Name	Scott C. Harris	Panistration No. 32 030

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Change in Entity Status (from status indicated above)
 J.a. Applicant claims SMALL ENTITY status. See 37 CFR 1.2.7.

[ ]b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).